FAQs

FAMILY AND COMMUNITY SYSTEM OF CARE

When is this supposed to start?

We would prefer to award contracts on July 1, 2007 and begin any needed transition of cases thereafter. However, the Department is not interested in sacrificing quality over timelines.

Why such a short timeline?

Understandably, it seems as though it is a short timeline, but the planning for redesigning the service array at the front-end has evolved in a process that has been ongoing for more than a year. As part of the Department's preparation for its Program Improvement Plan, DCYF saw a greater necessity to focus on ways in which it can strengthen the front-end of its service delivery system in order to divert families from coming into care or higher levels of care as much as possible. It was also important to recognize the need to ensure services to families sooner rather than later in order to prevent them from re-entering the Department with more serious issues. We have put in place a timeline for the Department to meet its own system goals by the beginning of FY 08. Our goal is to improve the front-end of services to ensure that children and families are able to receive the services they need in a timely manner, when they can be most beneficial.

Why haven't we been given more of a chance to discuss this?
Was the February 9 Community Meeting really our last chance?

The initial discussions, dating more than a year ago, included representatives of the provider community that will be most impacted by these changes. As the Department's needs were more clearly defined and the planning evolved for this initiative, it was necessary for more internal discussion regarding the specific expectations and concerns, especially around the feasibility of integrating referrals from DCYF's Child Protection Services Intake Unit and the families referred through the Child and Adolescent Service System (CASSP) and Comprehensive Emergency Services (CES) programs. Based on feedback from the initial focus groups and community meeting, we will schedule four additional community meetings within the DCYF regions to solicit more input into the design from stakeholders. The concept paper is posted on the DCYF website, as well. If you wish to communicate by email, please send questions to Lee Baker at lee.baker@dcyf.ri.gov

Who decides how the money gets spent?

This system is being designed to move these decisions to the family and community level. DCYF must be assured of the safety of the child in making these referrals to promote

family stability. In some situations, the service plan and decisions about services will be made by the Family Care Coordination Program (FCCP) Family Service Coordinator/Case Coordinator (FSC/CC), in partnership with families in the development of the service plan goals. In other situations, families will have more control over the selection of vendors and the services they identify for their family needs. Family and Community Advisory Boards also have a role to play in a community-based system of care. They can assist in monitoring spending and utilization. The optimum outcome would be for the delivery of services, payment and data collection to be streamlined rather than fragmented. It is being designed for quick turnaround for payment and cost efficiency, because of the consolidation of multiple payment streams under a sole fiscal agent. The ASO will have no decision-making role on how the money is spent, but will process payments based on the plan developed by the FCCP, and will ensure that the expenses are billed to the appropriate account; i.e., child welfare, CASSP, PEP, etc. .

What are the specific roles of the ASO?

The primary function for an Administrative Service Organization (ASO) is that of a fiscal intermediary and the developer of a provider network, working with the Family Care Coordination Programs (FCCP), to ensure development of a provider network that meets the diverse needs of children and families. The ASO will process payments to contracted vendors for services identified in service plans where families have agreed to participate. Payment will be authorized as long as there are enough funds in the family's budget and the provider is on the approved provider list. Additionally, the ASO may process payment of "Flex Funds" to families for approved vendors of their choice when there are no child protection issues for DCYF. These funds will provide identified services to facilitate a wraparound process of ongoing support for families where this need is identified. The ASO will also maintain a balance sheet of expenditures for each FCCP lead agency. It will make monthly financial reports to DCYF and to each FCCP and provide year-to-date expenses vs. budget to inform the FCCPs if they are exceeding monthly family budgets.

The ASO may also collect family and utilization data from FCCPs electronically, aggregate those data, and flexible account data and send it to DCYF and the Department's Data Analytic Center at Yale University's Consultation Center for analysis. The ASO will maintain an up-to-date directory of approved providers and provider capabilities for families spending flexible funds. The network of service providers will be developed by the ASO in close partnership with the FCCPs, and the Family and Community Advisory Boards. The ASO will monitor FCCP network development to ensure that FCCPs are making the best use of the diverse providers in their community. DCYF is currently developing protocols and criteria for the approval of providers. The ASO will also be responsible to ensure that expenses are charged to the appropriate funding source (Child welfare vs. CASSP vs. PEP vs. Project Hope, etc) .

Is the ASO responsible for approving budgets?

No. This will be done by the FCCP at the local level based on a system for determining

level of need. The ASO will not manage care the way a Managed Care Organization does.

Who develops the network of care?

The ASO will develop the network of contracted services and providers. They will work closely with the Family Care Coordination Programs and Family and Community Advisory Boards (FCAB), to identify local resources that can assist children and families. The ASO holds some contracts and maintains the provider list and updates the network based on emerging needs.

We don't have the resources now. How will this model be funded?

DCYF believes that this is a more efficient model of matching services to needs – thus the limited funds can be used for more families. This is not an effort to save money. The expectation is that consolidation of the care coordination system will yield more dollars to put into helping families, by allowing families to purchase only those services that are needed and authorized, thereby not spending money on services that are unnecessary. One of the jobs of the FCCP is to help families access benefits under their health plans and/or other sources based on their eligibility. Wraparound Flexible Funds will not be used to pay for services that are available through the family's health plan and/or other appropriate sources. In fact, this model will assist in building funding and procuring services from multiple sources, while eliminating redundancy.

Are people going to lose their jobs? If so, when?

Most people whose agencies are not awarded FCCP contracts are not likely to lose their jobs. Given their experience and skills, it is expected that they will be hired by the successful bidder. DCYF will also include requirements in the RFP regarding transfer of staffing.

Will the whole thing turn over on July 1?

No. There will be a transition period of 3 to 6 months, during which time training, hiring, subcontracting and transition of service and care coordination will occur.

Won't this be disruptive for families?

We firmly believe that these changes will provide more integrated, consistent and flexible services for families. Change is disruptive but also provides enormous opportunity for developing more responsive systems. DCYF is committed to continuity of care whenever appropriate and possible.

How many FCCPs will there be?

We have been seeking input on this question in the focus groups and the Community Meeting. We will continue to seek input through the four additional community meetings

that will be held. Regardless of the number of contracts or vendors, we are committed to maintaining local access through program sites in the communities currently served by the CASSP and CES programs.

What is the role of the FCCP?

The FCCP will provide care coordination for families who are currently served by the six different programs. Family Service Coordinators/Case Coordinators (FSC/CC) operate at the community level, and will provide many of the case management and support services currently provided. The FSC/CC will join with the family, engage them in a team planning process, track the care plan and send purchase orders to the ASO for Flex Fund services. The FCCP will be responsible for staying within their Flexible Fund budgets, with the support of the ASO. The FCCP, through the FSC/CC, will collect family demographic, satisfaction, outcome and utilization data, enter and aggregate it, and send it to the ASO. The FCCP will also assist with the development of a diverse, comprehensive and community-based network of care providers in cooperation with the ASO, and with assistance from the Family and Community Advisory Board.

The system being designed is to ensure that families who are at risk for DCYF involvement and families who have children with serious emotional and behavioral health challenges are both able to receive timely, and appropriate services to effectively address their needs and provide family support.

Who will do quality assurance?

Quality assurance is a multi-layered process. Families must have a primary voice in the quality of services they receive. They are best able to monitor the quality of the services they receive, and, where appropriate, their voice can result in the replacement of providers. FCCPs and Care Planning Teams will monitor the quality of purchased services, in large part through what they hear from families about the care they are receiving and as a part of their review of the service plans. Program, child and family satisfaction and outcome measures, specified by DCYF, will be required. The statewide and community advisory boards will also monitor quality at a system level. DCYF will follow up on quality issues with the ASO and FCCPs, which report to DCYF. DCYF will monitor timely access based on reports from the ASO and FCCP. DCYF will monitor the ASO for performance standards on network development in each of the communities in Rhode Island, especially on the ability to recruit providers and services for people who speak different languages or who have highly specialized needs.

What about Medicaid dollars? Will we lose them in the Governor's Budget Proposal? Will they force us to "medicalize" the system?

We will utilize Medicaid dollars without inappropriately medicalizing services, such as wraparound home-based case coordination. The Governor's Budget Proposal moves certain behavioral health funding for children and youth into managed care. That proposal does not include the funds proposed for the Family and Community System of Care. This model does not rely on Medicaid dollars to support services, but rather relies

on leveraging all benefits and entitlements based on the families' eligibility. This model does not require additional third party billing responsibilities on the part of providers.

The concept paper talks about partnerships. What kind of partnerships do you mean?

The goal is to consolidate the existing care coordination and case management system without sacrificing the integrity of local agencies and services within their communities. We are extremely interested in local partnerships that align traditional and non-traditional providers and allow for the augmentation of family and locally based services. Ultimately, the Department will be looking to maintain, expand and enhance a system of care that is locally based and staffed by people who know the families and communities and neighborhoods they are serving.

How will you ensure that FCCPs continue to involve small, specialized and community based providers?

The expectation for this system is that it will be established in such a way as to allow for feedback from multiple sources, as represented earlier in the question on quality assurance. The ASO will have a role in working with the FCCPs to ensure network development that is inclusive of the smaller, more specialized community services. Families, certainly, will have a voice in the evolution of this system of care. As well, the Community Advisory Boards will be have a role in monitoring the services and network functioning within their communities.

The Department's interest is in promoting opportunities for making the best use of what currently exists in perhaps more creative and innovative ways, focusing on family engagement and involvement. The Department is not interested in losing the positive developments that have been made over the years, but rather to enhance and further expand them. This model provides an opportunity to develop new service offerings with much more flexibility. One consideration is to put a cap on self-referrals by FCCPs. However, we do want more input from stakeholders in the communities to address these types of concerns.

What will happen if a family goes through their budget but still has serious needs?

The system that is envisioned in this process is one that will alert the Department, the FCCPs, and the families when their circumstances warrant closer attention. As in current practice, appropriate assessments and determinations will be made dependent on the child and family needs. These families will remain supported whenever appropriate and DCYF will have contingency funds set aside for them. Conversely, family budgets may be adjusted to reflect changing needs and unallocated funds remain in the pool.

How will it be decided how much money each family will get?

The Department is committed to individualizing services to families. We will focus our attention on how other family support and self-direction programs operate to achieve

this, and will develop guidelines for the different levels of need families have. As current LCCs are well aware, each family's needs are unique and the resources they have to draw upon are quite different. As a result, their needs for Flex Funds will vary significantly.

How will it be decided how much money each FCCP will get?

DCYF is in the process of analyzing current case flow and financial data based on current service utilization to determine how much is likely to be allocated to each FCCP.

What about rates, especially for respite? Many people will not work for such a low rate, resulting in delayed or lack of service. If rates are raised, won't that diminish capacity?

The goal of this system change is to identify the right balance for service providers and families to ensure capacity and quality in the family preservation and support services. We expect that greater use of natural supports will emerge. But, ultimately, we are looking to avoid more intensive, higher cost care, and expect that there will be competitive rates in the community which will address issues of service capacity. We also expect that rates will be standardized and closely linked to quality measures and outcomes.

How much data will we have to collect?

The Department recognizes the current amount of data that providers are being asked to submit, and yet it will be necessary for this process to become more child and family specific. DCYF is invested in knowing our families and tracking family outcomes, service utilization and cost. The Department will establish the necessary data elements and outline universal data collection protocols. We are aware that resources are limited and are considering this as we develop an actionable data plan.

How much technical retooling will FCCPs have to do to enter and transmit data?

Our goal is that data will be transmitted electronically. FCCPs must have the capacity to enter data into and manipulate Microsoft Access data bases. Should encryption be needed, DCYF will provide that software. Our data system is set up for the purpose of evaluation, with key measures such as family functioning, duration of service, transition to higher or lower levels of care, and family satisfaction.